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ABSTRACT

This paper reviews experimental psychology goal research and its implications for the therapist doing contract therapy. Clinical examples of various levels of contracts give illustrations, and a technique, the therapeutic double bind, as a form of contract, is detailed. A case study is presented to illustrate the use of the theory. Three situations are suggested in which the authors make use of the double bind: (1) when the client is defeating himself by not following instructions; (2) when the client is playing "Poor Me" or other internal or external games; and (3) when the client has been unsuccessful in his contracts. (Author)

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Contracts

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SUMMARY: This paper reviews experimental psychology goal research and its implications for the therapist doing 'contract therapy.' Clinical examples of various levels of contracts give illustrations, and a technique, the therapeutic double bind, as a form of contract, is detailed.

LOS CONTRATOS: Este escrito repasa algunas de las investigaciones que se han llevado a cabo en el campo de la sicología experimental con referencia a las metas, y las implicaciones de dichas investigaciones para el terapeuta que ejerce 'la terapia de contratos.' Los autores encuentran los contratos como algo terapéutico si el cliente experimenta que tiene éxito mediante los mismos. Algunos ejemplos clínicos de varios niveles de los contratos dan ilustraciones y se pormenoriza en una técnica, la de « yo me comprometo si tú también » para fines terapéuticos, como una forma de contrato.

Therapy Contracts As Goal Setting

Transactional Analysis is spoken of as a contract method of therapy. When a client establishes a therapy contract he is stating an intention, or in other words, setting a goal for himself.* Kurt Lewin (1935) theorized that Need or Want in a person created a system of psychological tension that would be discharged when the Need or Want was met. The setting of a goal, therefore, establishes tension which will be discharged when the goal is achieved. From this theory a series of hypotheses were drawn by Lewin's students, and subject to critical tests. The research findings and their implications for therapy follow.

*The term "he" rather than "he/she" is used throughout.

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KONTRAKTE: Dieser Artikel referiert über Forschungen der experimentellen Psychologie bezüglich Erreichung von Zielen, und deren Auswirkung auf die Kontrakt-Therapie. Wenn ein Kontrakt ein Erfolgserlebnis bringt, zeigt das seinen therapeutischen Wert. Fallbeispiele verschiedener Arten von Kontrakten werden gegeben, besonders wird die Technik des therapeutischen "double bind" als eine Form von Kontrakt beschrieben.

LES CONTRATS: Cet article examine certaines recherches en psychologie expérimentale relatives aux objectifs, ainsi que les implications de celles-ci pour le thérapiste qui pratique la « thérapie par les contrats. » Les auteurs trouvent que les contrats sont thérapeutiques dans la mesure où le client fait l'expérience du succès. Des exemples cliniques de divers types de contrat servent de démonstration, et on donne des précisions sur une technique, le dilemme thérapeutique, et son emploi comme un genre de contrat.

Recall Of Unfinished Tasks: The Zeigarnik Effect

To test Lewin's theory that desire, or intention to carry out a specific task, corresponds to the building of a system of tention that serves to sustain goal-directed activity until the task is carried out, Bluma Zeigarnik (1927) hypothesized that interrupted tasks would be recalled more than completed tasks since the "tension" had not been discharged. In her classic experiment, 82 children and adult subjects were allowed to complete 20-odd simple tasks, and a matched group was interrupted before completion. Zeigarnik found that uncompleted tasks were recalled over completed tasks by a margin of 1.9 to 1, and uncompleted tasks were recalled first by a margin of 3 to 1.

Later Maria Ovsiankina (1927) found that interrupted tasks were spontaneously completed by subjects that had been interrupted, and that resumption occurred most readily when the subject liked the task; was good at it, or had special aptitude.

Gita Birenbaum (1930) demonstrated that intentions or purposes which correspond to a main task (or to a central need) are almost never forgotten.

The implications for the therapist of the work of Ovsiankina, Birenbaum and Zeigarnik are that when a client establishes a goal (makes a contract) the client sets up in himself a system of psychological tension that will aid him in recall of pertinent early scenes so as to achieve closure, and that the tension will remain until closure, even though the task is interrupted, so that the client will continue to work even though the therapy session may be over.

Level of Aspiration

Ferdinand Hoppe (1930) investigated the factors which influence goal-setting behavior by measuring the effect of success or failure on raising or lowering the level of aspiration. He did this by offering subjects a variety of easy, average and tough tasks such as dart-throwing, puzzle-solving, etc. After success or failure, asked the subject what he would like to set as his next goal. Hoppe found that success or failure was not linked to accomplishment, but was linked to the person's ideal so that the person had a feeling of success or failure. He found that a subjective success led to a raise in the level of aspiration, and a sense of failure led to a lowering in the level of aspiraton. In his findings the level of aspiration was *never* lowered after success or raised after failure.

Sara Jucknat (1937) found that when a task was completed with the help of the Experimenter, only half the subjects raised their level of aspiration, while many lowered theirs. After an easy success, 96% of the subjects raised their levels of aspiration. Jucknat also found the degree of the success also affected the degree to which the level of aspiration rose, and that success and failure in one area can affect the level of aspiraton of the person in other areas.

Sara Fajans (1933) investigating success and failure in small infants, six months to one year; and in children, one to four years old, found characterologically passive children can be moved by success to a rather active kind of behavior; and characterologically rather active children can be reduced by failure to a rather passive kind of conduct.

Tara Dembro (1931) showed that subjects frustrated from reaching a goal would respond with hostility to the frustrator, leave the field or task, or increase their actions (overadapt or agitate), often fantasizing or hallucinating.

R. Barker, T. Dembro, and K. Lewin (1941) showed that the constructiveness of play of a 5½-year-old may regress to the level of a three-and-a-half year old, as a result of frustration, i.e. not being allowed to reach goals.

Max Rosenfeld (Lewin, K., 1935a) demonstrated that the experience of achieving and of non-achieving differs from the experiences of success and failure in children, and that the experienced success or failure related to the different developmental levels of the child.

K. Lewin, T. Dembro, L. Festinger and R. Sears (1944) found that the experience of success or failure depends on the level of performance within a *frame of reference.** This frame of reference may be the subject's past performance, group standards or an individual goal set for a specific action.

Eric Berne (1972) stated "A winner is someone who succeeds in what he says he is going to do. A loser is someone who fails to accomplish what he sets out to do."

Implications: Many clients are experts at frustrating themselves, and enter therapy with a high level of aspiration designed to insure failure. Other clients, having suffered defeat most of their lives, enter therapy with very low levels of aspiration. For these reasons, the initial goals or contracts should insure success; and that the therapist not 'help' the client experience success or "make the contract." This can present quite a problem with extremely passive clients. A technique, "The Therapeutic Double Bind," helps insure successful goal-setting. It will be detailed later in this paper.

Substitute Goals

Vera Mahler (1933) measured the effect of psychological tension by charting the recourse to substitute actions when the original task could not be performed. Mahler found that a "real" substitute task—physical action—was more effective than talking or thinking. The main factor in satisfaction was if the person's inner goal was met.

Kurt Lissner (1933) found substitute goal value increases with the similarity of the original and similar goal.

Sara Sliosberg (1934) researched the effectiveness in make-believe and real life situations, working with children three to six years old. Sliosberg found that in real life, when children were offered cardboard chocolate cookies they rejected them. When playing with dolls, however, 80% accepted the cookies and "fed" them to their dolls.

The implications for the therapist are that many clients, having been thwarted in childhood from achieving goals that would meet their needs and wants, have selected substitute goals and will present these as contracts. Since this is real life, and not make-believe and the client is 43 or 53, not 3, when a substitute goal is achieved (a cardboard cookie instead of the real thing), the client is not likely to have his inner needs met.

Substitute goals are easily identified by imagining the client's life after he is successful in his contract, for example:

"I want to feel good when I'm alone," from a client who is a recluse.

"I want to express my anger when an authority figure puts me down or discounts me," meaning, "I want to be discounted and respond Critical Parent."

"I want to change my script," meaning, "I am not ready to change myself."

Contracts

Contracts are therapeutic if the client feels a success, and are not therapeutic if the client feels a failure.

Minor contracts

- C: "I want to talk about my situation." T: "How long do you want to talk about your situation?" C: "Ten minutes." T: "O.K." (Client talks for about ten minutes and then stops talking). T: (Positive strokes). "I think you have a lot of courage to discuss, etc."
- C: "I want to know why I can't let go of my anger." T: "If you will sell the

*"Frame of Reference," a much abused term introduced to psychology by K. Lewin (1935).

value of being angry to the group." (Client does this.) T: (Strokes positively.) "That's quite a chunk of awareness you got for yourself, etc."

• C: "I don't know what to work on," or "I can't decide on_____." T: "Will you make a contract not to work today, or not to decide?"

• C: "I want to keep my room neater," or "I want to be more spontaneous," or "Be less scared." T: "What small thing can you do during the week so that you can feel successful," and later, "Will you do this?"

When the client reports success he/she is given massive stroking. The common denominator in the above contracts is that they are coming from a Child that is frightened. The reader can almost imagine what the Parent is saying internally: "You should talk about your situation." "You should know why you can't let go," "Why don't you keep your room neater," etc.

If the group norm is redecision or regression, the new member is faced with a scary standard, and the client will get "better" if allowed to develop his own contract relative to his own frame of reference. Value judgements by the therapist as to what constitutes an "ideal" contract are liable to be from a disguised (as Adult) Critical Parent.

Intermediate Contracts

Intermediate contracts involve behavior changes that do not result in script changes, i.e., the rackets are left intact, e.g.: all game contracts, stroke contracts, and the following:

C: "I want to get rid of my sad." T: "If you will, go around the group and sell the advantages of being sad," and after the client has done this, "Go around the group and make up sentences on 'how you make youself sad,' and after the client has done this, "I hear you have lots of ways of keeping yourself unhappy. Which one or more of these can you eliminate during the coming week?" "Will you do this and report to the group?"

C: "I want to finish my PhD thesis." T: "How do you feel when you think about not having finished your PhD thesis?" Or, "Sell the advantages of not finishing," or (Therapeutic Double Bind), "Will you make a contract not to work (or continue at the same or a slower pace) on your Thesis?"

The rationale behind these interventions is that in some way the client is not ready for script changes. "I want to stop getting angry with my wife and not play 'uproar,' " if successful, means that the client is still free to get angry with his children, his secretary, etc., etc. The client asking to finish his Thesis is setting himself up for a Kick or failure, and is not ready to give up 'playing martyr,' being helpless or dependent, or whatever his payoff may be

The acceptance of a contract that the client can do in the here and now, or immediate future, enhances the chances of success. Both Minor and Intermediate Contracts involve to some degree substitute goals.

The Therapeutic Double Bind

When clients are unable to make Minor or Intermediate contracts or unable to be successful in the contracts they do make, a useful technique is for the therapist to establish a goal in the nature of a double bind, so that the client will be successful. For an example of the therapeutic double bind combined with assignment of a substitute goal, see P. Zechnich, "Exhibitionism, Genisis, Dynamics and Treatment," *TAJ*, V:6:3.

In an original Scrit Double Bind, regardless of what the child did he felt unsuccessful. For example, when he played "stupid" by misplacing or losing things, he was put down. If he didn't play "Stupid" he was ignored. Either way he felt bad, put down or abandoned.

The Therapeutic Double Bind is the opposite of the Script Double Bind. The Client's contract (illustrated in the clinical case that follows) is to stop losing and misplacing things. The Double Bind therapeutic assignment is to lose and misplace things. (Figure 1)

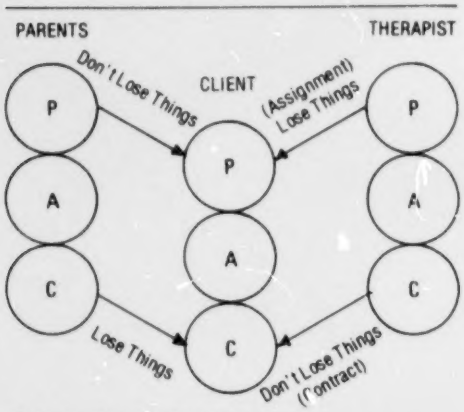

Figure 1

If the client continues to lose things he is successful in his assignment. If he doesn't, he succeeds in his contract. Either way he succeeds and feels good about himself.

Clinical Case

Client: "I want to stop forgetting where I put things. I'm always misplacing and losing things."

Therapist: "If you will, go around the room and sell people on the advantage of losing things."

C.: "It's great to lose things because then (Client goes around the room to group members) I can ask for help. I can get strokes. I can feel stupid. I can remain dependent. I can get people to do things for me. I can feel scared."

T.: "Go with the scare. How do you scare yourself?" (In the *actual work* the client also worked on the Stupid, and had many ways of putting himself down as stupid).

C.: (Going around the group) "I scare myself by telling myself my wife will leave me; by misplacing things; by making mistakes on the job; worrying about my son, etc."

T.: "You have a lot of ways of scaring yourself, only one of which is by losing things. Do you want to make a contract about the scare?"

C.: (Turning White) "No, I don't want to work on my scare!"

T.: (Strokes Client) "You have a lot of courage to be so open in the group. What do you want to work on?"

C.: "I just want to stop misplacing and losing things."

T.: "O.K., we have a contract for you to stop losing things. In order to be successful, will you take an assignment?"

C.: "Yes."

T.: "How many times a week do you misplace or lose things?"

C.: "About every other day."

T.: (THERAPEUTIC DOUBLE BIND) "Will you be as absentminded as you possibly can, and misplace or lose things as often as you can, like once or twice a day and report next week?"

C.: "All right."

During the next month, the client reported he seldom misplaced or lost anything and that when he did, he did not feel scared or stupid. In the following month the client made contracts and redecisions, and gave up his Scared and Stupid.

When And How To Use The Double Bind

We use the Double Bind sparingly and by hunch. There are exceptions. We use double binds extensively with clients unable to cathect Adult. We also taught fifty teachers to use double bind techniques (along with basic TA) in a school setting with a population of 500 emotionally disturbed, retarded and brain-damaged children. The teachers reported excellent results using double binds. In the clinical case just cited, when the client first asked for the contract "not to lose things," the therapist could have given him the Double Bind assignment immediately, and thereby deprived the client of the awareness of how many ways he scared himself.

Double Binds are easy to figure out: they are the opposite of the client's contract. The assignment or therapeutic intervention involves doing and/or feeling what the client is doing/feeling in his current life.

Here are three situations in which we use the Double Bind:

1. When the client is defeating himself by not following instructions. Example: The

client's contract is to get angry. He is lying on the mat with the group encouraging him to get angry, "let go," etc., and he is stuck. The therapist whispers in his ear, "Don't you *dare* get angry!" Whereupon the patient goes damn near berserk. Example: The client is asked a question and does not answer (Don't Tell)... Therapist: "It's O.K. not to answer me," or "It's O.K. not to tell us about _____."

2. When the client is playing "Poor Me," "Yes, But," "Do Me Something" or other Internal or External Games. The Sad Client is told "It is O.K. to be sad," or asked to remain sad and go around the room and brag about how sad he is. The Client who "can't" make a contract or a decision is told "It's O.K. not to decide right now... Will you make a contract to stop hassling yourself and make a decision not to make a contract or decision right now?" The Internal "Yes, But" Player is given the assignment to "Yes, But" each statement he makes, or therapist says, "It's O.K. to 'Yes, But' yourself as long as you choose to."

3. When the client has been unsuccessful in his contracts, or when we think and feel the contract the client wants to make will not be successful. Many contracts to stop a compulsive behavior or to "get rid" of a feeling, fall into this category.

Major Contracts

Major contracts involve redecision (Goulding, R., 1972). A major contract will not involve a substitute goal, and will be for behavior and feeling change, without limitations. For example:

C.: "I will stop scaring myself when faced with authority figures," has a limitation, and is not a major contract. The person is free to scare themselves in other ways. The contract "I will stop scaring myself," is a major contract.

When the client makes a major contract and the therapist asks him to get the feeling and go back to an early scene, the client will do so, reach an early decision and a redecision will result. The client does not make a redecision from the Adult Ego State; it occurs in the Child Ego State. The contract is only valid if it comes from the client. If the therapist "helps" the client, more often than not the client will not go back to the scene; will not change and subsequently will lower his level of aspiration.

Conclusion

Regardless of degree of "specificity," "generality," etc., contracts are therapeutic when the client perceives success. Success for the client is judged by the client from his own internal framework. Wise therapists have the group stroke small successes as much as they would for someone who has just done a piece of redecision work.

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REFERENCES

Barker, R., et al. "Frustration and regression: an experiment with young children," *U. Iowa Child Studies*, 1941, 18, #1.

Berne, Eric. *What do you say after you say hello?"* New York: Grove Press, 1972.

Birenbaum, G. "Das Vergessen ener Vornahme," *Psychologische Forschung*, 1930, 13, 218-284.

Dembro, T. "Der anger als dynamischer problem," *Psychologische Forschung*, 1931, 15, 1-44.

Fajans, S. "Die bedeutung der Entfernung fur die starke eines aufforderungscharacters beim saugling und kleinkind," *Psychologische Forschung*, 1933, 17, 215-267.

Goulding, R. "Decisions in script formation," *Transactional Analysis Journal*, 1972, 2.

Hoppe, F. "Erfolg und miserfolg," *Psychologische Forschung*, 1930, 14, 1-62.

Jucknat, S. "Leistung, anspruchniveau und selbst bewustsein," *Psychologische Forschung*, 1937, 22, 89-179.

Lewin, K. *Principles of tophological psychology*. McGraw-Hill, 1935.

Lewin, K. *Dynamic theory of personality*. McGraw-Hill, 1935.

Lewin, K. *Principles of topological psychology*. "Levels of aspiraton," from *Personality and Behavior Disorders*, Ronald Press, 1935.

Lissner, K. "Die entspannung von bedurfnissen durch ersatzhandlungen," *Psychchologische Forschung*, 1933, 18, 218-250.

Mahler, V. "Ersatzhandlungen verscheidenen realitatsgrades," *Psychologische Forschung*, 1933, 17, 215-267.

Ovisiankina, M. "Die wiederaufnahme von unterbrochenen handlungen," *Psychologische Forschung*, 1928, 2, 302-389.

Contracts, *continued*

Sliosberg, S. "Zur dynamik des ersatz in spiel und ernstsituationen," *Psychologische Forschung*, 1934, 19, 26-89.

Zeigarnik, B. "Uber behalten von erledigten und unerledigten handlungen," *Psychologische Forschung*, 1927, 9, 1-85.

GENERAL REFERENCES: The works of Zeigarnik and Hoppe are referred to in many basic textbooks. Discussions in English of the above-quoted articles written in German may be found in the following:

Hartmann, G.W. *Gestalt psychology*. Ronald Press, 1935.

Koffka, K. *Principles of gestalt psychology*. Harcourt-Brace, 1935. (Issued as a pocketbook, 1976.)

Lewin, K. *Dynamic theory of personality*. McGraw-Hill, 1935. (Available in paperback.)

Marrow, A. *The practical theorist*. Basic Books, 1969.